



Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

**School District Claim for
State Reimbursement for
School Bus Transportation**

State ☐
District ☐
County ☐

DUE DATES:	First Semester	Second Semester
	February 1 to County Superintendent	May 10 to County Superintendent
	February 15 to State Superintendent	May 24 to State Superintendent

COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION:

This claim is for the period beginning _____, 20____ and ending _____, 20____.
month day month day

CERTIFICATION:

The information on this form is complete and accurate to the best of my knowledge.

Date	Signature, Chair, Board of Trustees								
County:	District:						District Level:		
15 Flathead		0310 Kalispell Elem						Elementary	
Percentage	District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #	
50	5	14	45.8	1.80	84	08/11/04	_____	_____	
50	5	15	21.2	1.57	71	08/04/04	_____	_____	
50	5	16	18	1.57	71	08/04/04	_____	_____	
50	5	20	53.6	1.57	72	08/11/04	_____	_____	
50	5	22	26	1.57	72	08/13/04	_____	_____	
100	5	24	22.8	1.57	72	08/11/04	_____	_____	
35	5	28	48.2	1.80	84	08/27/04	_____	_____	
100	5	29	20.7	1.57	77	08/11/04	_____	_____	
100	5	30	47.2	1.36	65	08/04/04	_____	_____	
100	5	31	17.8	1.57	71	08/27/04	_____	_____	
100	5	32	20.7	1.57	71	08/11/04	_____	_____	
100	5	33a	78	1.15	51	08/11/04	_____	_____	
100	5	33b	63	1.15	51	08/11/04	_____	_____	
100	5	36	56	0.95	18	08/11/04	_____	_____	
100	5	37	70	0.95	21	08/11/04	_____	_____	
100	5	40	88	0.95	11	08/11/04	_____	_____	
25	5	7	63.6	1.57	71	08/11/04	_____	_____	
40	5	9	45.8	1.57	72	08/11/04	_____	_____	



Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

**School District Claim for
State Reimbursement for
School Bus Transportation**

State ☐
District ☐
County ☐

**DUE
DATES:**

First Semester
February 1 to County Superintendent
February 15 to State Superintendent

Second Semester
May 10 to County Superintendent
May 24 to State Superintendent

COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION:

This claim is for the period beginning _____, 20____ and ending _____, 20____.
month day month day

CERTIFICATION:

The information on this form is complete and accurate to the best of my knowledge.

Date		Signature, Chair, Board of Trustees						
County:		District:					District Level:	
15 Flathead		0311 Flathead H S					High School	
Percentage	District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #
100	5	1	72	1.57	71	08/11/04		
100	5	10	74	1.15	51	08/11/04		
100	5	11	24	1.57	71	08/11/04		
100	5	12	24.8	1.57	71	08/11/04		
100	5	13	41.9	1.57	71	08/11/04		
50	5	14	45.8	1.80	84	08/11/04		
50	5	15	21.2	1.57	71	08/04/04		
50	5	16	18	1.57	71	08/04/04		
100	5	17	31.2	1.57	72	08/30/04		
100	5	18	50.5	1.57	72	08/11/04		
100	5	2	70	1.57	74	08/11/04		
50	5	20	53.6	1.57	72	08/11/04		
50	5	22	26	1.57	72	08/13/04		
100	5	23	22.2	1.57	71	None		
100	5	27	53.6	1.57	72	None		
65	5	28	48.2	1.80	84	08/27/04		
100	5	3	64.9	1.57	72	08/24/04		
100	5	4	85	1.57	72	08/11/04		
100	5	5	144	1.57	72	08/11/04		
100	5	6	108.1	1.57	72	08/22/04		
75	5	7	63.6	1.57	71	08/11/04		
100	5	8	105.9	1.57	71	08/07/04		
60	5	9	45.8	1.57	72	08/11/04		



Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

School District Claim for
State Reimbursement for
School Bus Transportation

State ☐
District ☐
County ☐

DUE DATES:	First Semester	Second Semester
	February 1 to County Superintendent February 15 to State Superintendent	May 10 to County Superintendent May 24 to State Superintendent
COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION:		

This claim is for the period beginning _____, 20____ and ending _____, 20____.
month day month day

CERTIFICATION:

The information on this form is complete and accurate to the best of my knowledge.

Date		Signature, Chair, Board of Trustees						
County:		District:					District Level:	
15 Flathead		0312 Columbia Falls Elem					Elementary	
Percentage	District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #
67	6	10	52.2	1.80	84	08/12/04		
67	6	11	48	1.80	84	08/12/04		
67	6	12	26	1.57	72	08/12/04		
67	6	13	23.6	1.80	84	08/12/04		
67	6	14	58	1.80	84	08/12/04		
67	6	15	31.8	1.80	84	08/12/04		
67	6	17	32.6	1.80	84	08/12/04		
67	6	18	31.6	1.80	84	08/12/04		
67	6	21	35.2	1.80	84	08/12/04		
67	6	22	35.4	1.80	84	08/12/04		
67	6	24	28.9	1.80	84	None		
67	6	25	34.4	1.57	78	08/12/04		
67	6	26 sp.Ed	148	1.36	64	08/12/04		
67	6	28	61	1.80	84	08/12/04		
67	6	29	52	1.80	84	08/12/04		
67	6	3	33.6	1.57	72	08/12/04		
67	6	30	52	1.80	84	08/12/04		
67	6	4	31.6	1.80	84	08/12/04		
67	6	6	48.9	1.80	84	08/12/04		
67	6	7	31.4	1.80	84	08/12/04		
67	6	8	19.4	1.57	78	08/12/04		
67	6	9	30	1.80	84	08/12/04		



Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

**School District Claim for
State Reimbursement for
School Bus Transportation**

State ☐
District ☐
County ☐

**DUE
DATES:**

First Semester
February 1 to County Superintendent
February 15 to State Superintendent

Second Semester
May 10 to County Superintendent
May 24 to State Superintendent

COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION:

This claim is for the period beginning _____, 20____ and ending _____, 20____.
month day month day

CERTIFICATION:

The information on this form is complete and accurate to the best of my knowledge.

Date		Signature, Chair, Board of Trustees						
County:		District:					District Level:	
15 Flathead		0313 Columbia Falls H S					High School	
Percentage	District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #
33	6	10	52.2	1.80	84	08/12/04	_____	_____
33	6	11	48	1.80	84	08/12/04	_____	_____
33	6	12	26	1.57	72	08/12/04	_____	_____
33	6	13	23.6	1.80	84	08/12/04	_____	_____
33	6	14	58	1.80	84	08/12/04	_____	_____
33	6	15	31.8	1.80	84	08/12/04	_____	_____
33	6	17	32.6	1.80	84	08/12/04	_____	_____
33	6	18	31.6	1.80	84	08/12/04	_____	_____
33	6	21	35.2	1.80	84	08/12/04	_____	_____
33	6	22	35.4	1.80	84	08/12/04	_____	_____
33	6	24	28.9	1.80	84	None	_____	_____
33	6	25	34.4	1.57	78	08/12/04	_____	_____
33	6	26 sp.Ed	148	1.36	64	08/12/04	_____	_____
33	6	28	61	1.80	84	08/12/04	_____	_____
33	6	29	52	1.80	84	08/12/04	_____	_____
33	6	3	33.6	1.57	72	08/12/04	_____	_____
33	6	30	52	1.80	84	08/12/04	_____	_____
33	6	4	31.6	1.80	84	08/12/04	_____	_____
33	6	6	48.9	1.80	84	08/12/04	_____	_____
33	6	7	31.4	1.80	84	08/12/04	_____	_____
33	6	8	19.4	1.57	78	08/12/04	_____	_____
33	6	9	30	1.80	84	08/12/04	_____	_____



Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

**School District Claim for
State Reimbursement for
School Bus Transportation**

State ☐
District ☐
County ☐

**DUE
DATES:**

First Semester
February 1 to County Superintendent
February 15 to State Superintendent

Second Semester
May 10 to County Superintendent
May 24 to State Superintendent

COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION:

This claim is for the period beginning _____, 20____ and ending _____, 20____.
month day month day

CERTIFICATION:

The information on this form is complete and accurate to the best of my knowledge.

Date		Signature, Chair, Board of Trustees						
County:		District:					District Level:	
15 Flathead		0316 Creston Elem					Elementary	
Percentage	District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #
100	9	1	56	1.57	72	08/18/04		



Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

**School District Claim for
State Reimbursement for
School Bus Transportation**

State ☐
District ☐
County ☐

**DUE
DATES:**

First Semester
February 1 to County Superintendent
February 15 to State Superintendent

Second Semester
May 10 to County Superintendent
May 24 to State Superintendent

COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION:

This claim is for the period beginning _____, 20____ and ending _____, 20____.
month day month day

CERTIFICATION:

The information on this form is complete and accurate to the best of my knowledge.

Date		Signature, Chair, Board of Trustees						
County:		District:					District Level:	
15 Flathead		0317 Cayuse Prairie Elem					Elementary	
Percentage	District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #
100	10	1	31.2	1.36	65	08/26/04	_____	_____
100	10	2	16.2	1.57	71	09/27/04	_____	_____
100	10	2A	22	1.57	71	09/27/04	_____	_____
100	10	3	33.2	1.57	72	08/26/04	_____	_____



Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

**School District Claim for
State Reimbursement for
School Bus Transportation**

State ☐
District ☐
County ☐

**DUE
DATES:**

First Semester
February 1 to County Superintendent
February 15 to State Superintendent

Second Semester
May 10 to County Superintendent
May 24 to State Superintendent

COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION:

This claim is for the period beginning _____, 20____ and ending _____, 20____.
month day month day

CERTIFICATION:

The information on this form is complete and accurate to the best of my knowledge.

Date		Signature, Chair, Board of Trustees						
County:		District:					District Level:	
15 Flathead		0327 Somers Elem					Elementary	
Percentage	District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #
100	29	10	34	1.80	84	08/06/04	_____	_____
100	29	10 EXT	26	1.80	84	08/06/04	_____	_____
100	29	11	40.4	1.80	84	08/06/04	_____	_____
100	29	11 EXT	26	1.80	84	08/06/04	_____	_____
100	29	12	38	1.80	84	08/06/04	_____	_____
100	29	12 Extension	26	1.80	84	08/06/04	_____	_____
100	29	13 Sp Ed	26	0.95	19	08/06/04	_____	_____
100	29	7	21	1.80	84	08/06/04	_____	_____
100	29	7 EXT	26	1.80	84	08/06/04	_____	_____
100	29	7 Kinder	28.5	0.00	19	08/06/04	_____	_____
100	29	8	30.2	1.80	84	08/06/04	_____	_____
100	29	9	45.6	1.80	84	08/06/04	_____	_____



Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

**School District Claim for
State Reimbursement for
School Bus Transportation**

State ☐
District ☐
County ☐

DUE DATES:	First Semester	Second Semester
	February 1 to County Superintendent	May 10 to County Superintendent
	February 15 to State Superintendent	May 24 to State Superintendent

COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION:

This claim is for the period beginning _____, 20____ and ending _____, 20____.
month day month day

CERTIFICATION:

The information on this form is complete and accurate to the best of my knowledge.

Date		Signature, Chair, Board of Trustees						
County:		District:					District Level:	
15 Flathead		0330 Bigfork Elem					Elementary	
Percentage	District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #
50	38	10	25	1.57	72	08/20/04	_____	_____
50	38	11	56	1.80	84	08/27/04	_____	_____
50	38	12	47.3	1.57	78	08/17/04	_____	_____
50	38	13	50	1.57	71	08/18/04	_____	_____
50	38	14	28.4	1.80	84	08/17/04	_____	_____
50	38	15	30	1.57	71	08/17/04	_____	_____
50	38	16	78	1.57	71	07/17/04	_____	_____
50	38	17	47	1.57	71	08/17/04	_____	_____
50	38	18	43	1.80	84	08/17/04	_____	_____
50	38	19	135	0.95	32	08/17/04	_____	_____
50	38	19a	49	0.95	32	08/17/04	_____	_____
50	38	20	109	0.95	32	08/17/04	_____	_____
50	38	5	24	1.80	84	08/27/04	_____	_____



Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

**School District Claim for
State Reimbursement for
School Bus Transportation**

State ☐
District ☐
County ☐

**DUE
DATES:**

First Semester
February 1 to County Superintendent
February 15 to State Superintendent

Second Semester
May 10 to County Superintendent
May 24 to State Superintendent

COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION:

This claim is for the period beginning _____, 20____ and ending _____, 20____.
month day month day

CERTIFICATION:

The information on this form is complete and accurate to the best of my knowledge.

Date		Signature, Chair, Board of Trustees						
County:		District:					District Level:	
15 Flathead		0331 Bigfork H S					High School	
Percentage	District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #
50	38	10	25	1.57	72	08/20/04	_____	_____
50	38	11	56	1.80	84	08/27/04	_____	_____
50	38	12	47.3	1.57	78	08/17/04	_____	_____
50	38	13	50	1.57	71	08/18/04	_____	_____
50	38	14	28.4	1.80	84	08/17/04	_____	_____
50	38	15	30	1.57	71	08/17/04	_____	_____
50	38	16	78	1.57	71	07/17/04	_____	_____
50	38	17	47	1.57	71	08/17/04	_____	_____
50	38	18	43	1.80	84	08/17/04	_____	_____
50	38	19	135	0.95	32	08/17/04	_____	_____
50	38	19a	49	0.95	32	08/17/04	_____	_____
50	38	20	109	0.95	32	08/17/04	_____	_____
50	38	5	24	1.80	84	08/27/04	_____	_____



Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

**School District Claim for
State Reimbursement for
School Bus Transportation**

State ☐
District ☐
County ☐

DUE DATES:	First Semester	Second Semester
	February 1 to County Superintendent	May 10 to County Superintendent
	February 15 to State Superintendent	May 24 to State Superintendent

COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION:

This claim is for the period beginning _____, 20____ and ending _____, 20____.
month day month day

CERTIFICATION:

The information on this form is complete and accurate to the best of my knowledge.

Date	Signature, Chair, Board of Trustees								
County:	District:						District Level:		
15 Flathead		0334 Whitefish Elem						Elementary	
Percentage	District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #	
65	44	1	80	1.57	72	08/12/04	_____	_____	
65	44	10	35.4	1.57	71	08/26/04	_____	_____	
65	44	11	39	1.57	71	08/12/04	_____	_____	
65	44	12	30	1.57	71	08/12/04	_____	_____	
100	44	13A	58	0.95	24	08/16/04	_____	_____	
100	44	13B	66	0.95	24	08/16/04	_____	_____	
100	44	13C	42	0.95	24	08/16/04	_____	_____	
65	44	2	59	1.57	71	08/12/04	_____	_____	
65	44	3	60	1.57	71	08/12/04	_____	_____	
65	44	4	41	1.57	71	08/12/04	_____	_____	
65	44	5	36	1.57	71	08/16/04	_____	_____	
65	44	6	29.4	1.57	72	08/12/04	_____	_____	
65	44	7	27	1.57	71	08/12/04	_____	_____	
65	44	8	30	1.57	71	08/16/04	_____	_____	
65	44	9	31.2	1.57	72	08/12/04	_____	_____	



Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

**School District Claim for
State Reimbursement for
School Bus Transportation**

State ☐
District ☐
County ☐

**DUE
DATES:**

First Semester
February 1 to County Superintendent
February 15 to State Superintendent

Second Semester
May 10 to County Superintendent
May 24 to State Superintendent

COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION:

This claim is for the period beginning _____, 20____ and ending _____, 20____.
month day month day

CERTIFICATION:

The information on this form is complete and accurate to the best of my knowledge.

Date		Signature, Chair, Board of Trustees						
County:		District:					District Level:	
15 Flathead		0335 Whitefish H S					High School	
Percentage	District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #
35	44	1	80	1.57	72	08/12/04	_____	_____
35	44	10	35.4	1.57	71	08/26/04	_____	_____
35	44	11	39	1.57	71	08/12/04	_____	_____
35	44	12	30	1.57	71	08/12/04	_____	_____
35	44	2	59	1.57	71	08/12/04	_____	_____
35	44	3	60	1.57	71	08/12/04	_____	_____
35	44	4	41	1.57	71	08/12/04	_____	_____
35	44	5	36	1.57	71	08/16/04	_____	_____
35	44	6	29.4	1.57	72	08/12/04	_____	_____
35	44	7	27	1.57	71	08/12/04	_____	_____
35	44	8	30	1.57	71	08/16/04	_____	_____
35	44	9	31.2	1.57	72	08/12/04	_____	_____



Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

**School District Claim for
State Reimbursement for
School Bus Transportation**

State ☐
District ☐
County ☐

**DUE
DATES:**

First Semester
February 1 to County Superintendent
February 15 to State Superintendent

Second Semester
May 10 to County Superintendent
May 24 to State Superintendent

COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION:

This claim is for the period beginning _____, 20____ and ending _____, 20____.
month day month day

CERTIFICATION:

The information on this form is complete and accurate to the best of my knowledge.

Date		Signature, Chair, Board of Trustees						
County:		District:					District Level:	
15 Flathead		0341 Marion Elem					Elementary	
Percentage	District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #
100	54	35	57	1.57	71	08/05/04	_____	_____
100	54	40	63.2	0.95	47	08/17/04	_____	_____



Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

**School District Claim for
State Reimbursement for
School Bus Transportation**

State ☐
District ☐
County ☐

**DUE
DATES:**

First Semester
February 1 to County Superintendent
February 15 to State Superintendent

Second Semester
May 10 to County Superintendent
May 24 to State Superintendent

COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION:

This claim is for the period beginning _____, 20____ and ending _____, 20____.
month day month day

CERTIFICATION:

The information on this form is complete and accurate to the best of my knowledge.

Date		Signature, Chair, Board of Trustees						
County:		District:					District Level:	
15 Flathead		0342 Olney-Bissell Elem					Elementary	
Percentage	District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #
100	58	1a	28.1	1.57	71	08/07/04	_____	_____
100	58	1b	64.7	1.57	71	08/07/04	_____	_____



Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

**School District Claim for
State Reimbursement for
School Bus Transportation**

State ☐
District ☐
County ☐

**DUE
DATES:**

First Semester
February 1 to County Superintendent
February 15 to State Superintendent

Second Semester
May 10 to County Superintendent
May 24 to State Superintendent

COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION:

This claim is for the period beginning _____, 20____ and ending _____, 20____.
month day month day

CERTIFICATION:

The information on this form is complete and accurate to the best of my knowledge.

Date		Signature, Chair, Board of Trustees						
County:		District:					District Level:	
15 Flathead		1223 West Glacier Elem					Elementary	
Percentage	District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #
100	8	16A	85.2	1.57	71	08/14/04	_____	_____
100	8	16B	78.8	1.57	71	08/14/04	_____	_____